

AUTHORIZATION FOR TREATMENT OF MINORS

Date: _____

New York State Law defines individuals under 18 years of age as minors. Accordingly, a parent or guardian of a minor is required to sign a written authorization form before any treatment can be initiated.

I, _____ (parent/guardian) of _____, hereby request, authorize and give my consent to the Drs. Orentreich and Jodi LoGerfo, FNP-C and the staff of the Orentreich Medical Group, LLP to examine and treat said minor on an ongoing basis, for _____.

Parent/Guardian's printed name: _____

Parent/Guardian's signature: _____

Telephone #: _____